



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Emergency Medical Technician (EMT) whose licenses have lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check and a Federal Bureau of Investigation (FBI) criminal history check.

The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces the blue and white fingerprint card previously used.

You may download a Live Scan form from the ICEMA website on the [EMS Applications/Forms](#) page. Refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at <http://ag.ca.gov/fingerprints/publications/contact.php>.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$49 (\$32 for the state and \$17 for the federal background checks) and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting, and may vary by agency.

The EMS Authority and ICEMA will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required, it may take longer to receive the results and in some rare cases it may take as long as 30 days or more.

IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).

FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999]



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0947

ORI (Code assigned by DOJ)

EMERG MED TECH LIC/CERT

Authorized Applicant Type

EMT CERTIFICATION

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

ICEMA

Agency Authorized to Receive Criminal Record Information

1425 SOUTH "D" STREET

Street Address or P.O. Box

SAN BERNARDINO

City

CA

State

92415-0060

ZIP Code

00660

Mail Code (five-digit code assigned by DOJ)

CERTIFICATION CLERK

Contact Name (mandatory for all school submissions)

(909) 388-5823

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex

☐

Male

☐

Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☒

DOJ

☒

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

EMERGENCY MEDICAL SERVICES AUTHORITY

Employer Name

10901 GOLD CENTER DRIVE # 400

Street Address or P.O. Box

RANCHO CORDOVA

City

CA

State

95670

ZIP Code

02531

Mail Code (five digit code assigned by DOJ)

+1 (916) 322-4336

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed